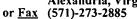
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

Mail Stop ISSUE FEE
Commissioner for Patents
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INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be completed where appropriate. All further correspondence including the Patent advance orders and notification of maintenance fore will be mailed to the current correspondence address as

indicated unless corrected maintenance fee notification	below or directed otherwise	in Block I, by (a) s	pecifying	a new correspondence address	; and/or (b) indicating a sep	arate "FEE ADDRESS" for	
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of Fee(s) Transmittal. The papers. Each addition	Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or transmission.		
23517 75	590 02/15/2006						
SWIDLER BERLIN LLP 3000 K STREET, NW BOX IP				Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO (571) 273-2885, on the date indicated below.			
WASHINGTON, DC 20007				(Depositor's name)			
						(Signature)	
						(Date)	
APPLICATION NO.	FILING DATE	FIF	RST NAME	DINVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.	
10/720,520 11/25/2003			Murali Rajagopalan 20002.0381 5154				
THERMOPLASTIC MATE	ERIALS		ONTAININ	IG HIGH VICAT SOFTEN		~	
APPLN. TYPE	SMALL ENTITY	ISSUE FEE		PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE	
nonprovisional	NO	\$1400		\$300	\$1700	05/15/2006	
EXAMINER		ART UNIT		CLASS-SUBCLASS]		
BUTTNER, DAVID J 171				525-074000			
Change of correspond Address form PTO/SB/I	te address or indication of "Fo dence address (or Change of 22) attached.	Correspondence	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to				
PTO/SB/47; Rev 03-02 Number is required.	tion (or "Fee Address" Indica or more recent) attached. Use	e of a Customer	2 registered attorney or agent) and the names of up to 2 registered patient attorneys or agents. If no name is listed, no name will be printed.				
3. ASSIGNEE NAME AND	RESIDENCE DATA TO B	E PRINTED ON TH	E PATENT	(print or type)			
PLEASE NOTE: Unless recordation as set forth in	s an assignee is identified be n 37 CFR 3.11. Completion	low, no assignee dat of this form is NOT a	a will app substitute	ear on the patent. If an assign for filing an assignment.	nee is identified below, the d	ocument has been filed for	
(A) NAME OF ASSIGNEE			(B) RESIDENCE: (CITY and STATE OR COUNTRY)				
Acushnet Company			Fairhaven, Massachusetts				
Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🂆 Corporation or other private group entity 🗀 Government							
la. The following fee(s) are	enclosed:		b. Payment of Fee(s):				
Salssuc Fee			A check in the amount of the fee(s) is enclosed.				
Publication Fee (No small entity discount permitted) Advance Order - # of Copies10			Payment by credit card. Form PTO-2038 is attached. The Director is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 19-5127 (enclose an extra copy of this form).				
	(from status indicated above)					
a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2). The Director of the USPTO is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above. NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in							
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Authorized Signature	Stephane,	Sange		Date 5	206	······	
Typed or printed name _	Stephanie D		Registration No.				
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